

**Business License Office**

Phone (843) 525-7025

Fax (843) 470-3517

**Building Codes Office**

Phone (843) 525-7049

Fax (843) 986-5606

**CITY OF BEAUFORT  
BUSINESS LICENSE DIVISION**

1911 Boundary St.  
Beaufort, SC 29902

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mmcteer@cityofbeaufort.org

ajohnson@cityofbeaufort.org

**Temporary License (Pay-per-job) Application**

Is your business physically located within the City limits of Beaufort  Yes  No

Name of Business \_\_\_\_\_

Owner's Name \_\_\_\_\_

Physical Address of Business making application:

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_ FAX # \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Driver License #: \_\_\_\_\_

Type of Business:  Single Proprietorship  Partnership  
 Incorporated  Corporation  LLC

Federal Tax ID # \_\_\_\_\_ State Sales Tax # \_\_\_\_\_ Social Security # \_\_\_\_\_

Type of Work/Trade being performed: \_\_\_\_\_

Job location: \_\_\_\_\_

General Contractor: \_\_\_\_\_

Permit Number: \_\_\_\_\_ Dollar Amount of Job: \_\_\_\_\_

**South Carolina Construction Trade Licenses/Registrations**

SC Residential Home Builders # \_\_\_\_\_ SC General Contractor # \_\_\_\_\_

SC Mechanical License # \_\_\_\_\_ Classification \_\_\_\_\_

SC Specialty Registration # \_\_\_\_\_ Classification \_\_\_\_\_

An individual or company cannot perform any work without a valid South Carolina license or registration for the trade listed unless they are subcontracting and performing under another licensed business/individual and meets all South Carolina State Codes and Regulations.

A copy of your City of Beaufort license must be on the job site at all times. If not you and/or your business may be in violation of City Ordinance Section 7-1008 and may be ticketed for violation of this ordinance. Failure to comply with State Codes and City Ordinances or providing false information may cause the business license to be suspended by the City of Beaufort.

I certify that I have completed this application and read and understand the terms by which this license is being issued and that all information on this application is true and correct.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_